



b. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Foster Home or Other Placement \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

c. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Foster Home or Other Placement \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

4. Name of DCFS Caseworker \_\_\_\_\_  
Name of DCFS Supervisor, if known \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

5. Name of agency contracting with DCFS (if applicable) \_\_\_\_\_  
Name of Private Agency Caseworker \_\_\_\_\_  
Name of Private Agency Supervisor, if known \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

6. Complainants are encouraged to resolve issues with DCFS workers or private agency workers or with the DCFS supervisor or the Director of the private agency involved.

Have you attempted to resolve this issue with the supervisor/private agency Director?  
Yes \_\_\_\_\_ Date \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7a. Have you attempted to resolve this issue through Service Appeal? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_

7b. Are the facts of this complaint the subject of a pending court case:

Divorce/Custody	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paternity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Be advised that the OIG does not have jurisdiction over Court orders or decisions and procedures. We do not investigate issues that can be resolved through the service appeal process unless the subject of the complaint is the service appeal process itself.)

**NOTE:** In the course of conducting its investigation, the OIG will examine all facts relevant to this case. The scope of the investigation will not necessarily be limited to the issues raised in your complaint. The OIG will investigate any and all matters that fall within its jurisdiction. It is possible that our investigation will not be resolved to your satisfaction. If a report is completed as a result of your complaint, the report is submitted to the Director of DCFS and is not necessarily shared with the complainant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

PLEASE RETURN TO:

Bill Andersen, Office of the Inspector General, Department of Children and Family Services, 2240 West Ogden Avenue, Chicago, Illinois 60612